

CHRIS CHRISTIE

Governor

KIM GUADAGNO Lt. Governor

State of New Jersey department of environmental protection

DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF AIR AND HAZARDOUS MATERIALS ENFORCEMENT
BUREAU OF HAZARDOUS WASTE & UST COMPLIANCE AND ENFORCEMENT
MAIL CODE 09-03, P.O. BOX 420
TRENTON NJ 08625-0420

TRENTON NJ 08625-0420 Tel. (609) 943-3019 Fax. (609) 292-3970 BOB MARTIN

Commissioner

"Request to Deactivate NJDEP or USEPA Hazardous Waste Identification Number"

NJI	DEP or USEPA Identification Number:			
Cor	mpany Name:			
Stre	eet Address:			
City/Town:		State:	Zip Code:	
Mai	iling Address:			
City/Town:		State:	Zip Code:	
Company Contact Name:		Title:		
	Phone Number:	E-mail Address:		
Rea	Reasons for deactivating Number: (Check all appropriate boxes.) The identification number was obtained for a one time cleanup which has been completed.			
	The site has completed an ISRA or ECRA cleanup (indicate Case #)			
	Other			
	ne site presently occupied? (circle yes or n on and date the application below and retain	0)		
	(Printed Name)	(Signature)		
	(Title)	(Date)		